

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 5, 1991

ALL-COUNTY LETTER NO. 91-114

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: Additional Instructions and Notices of Action for
Implementation of the MILLER V. CARLSON Preliminary
Injunction for the Greater Avenues for Independence
(GAIN) Program

REFERENCE: ALL-COUNTY LETTER NO. 91-89

Pursuant to the Miller v. Carlson Preliminary Injunction granted by the court on June 7, 1991, the State Department of Social Services has issued instructions for immediate implementation of this injunction. The implementation All-County Letter (ACL) 91-89 was issued to you on August 30, 1991.

The purpose of this letter is to clarify instructions transmitted by ACL 91-89, and provide additional Notices of Action (NOAs) necessary for implementation of the Miller Preliminary Injunction.

Below are four areas of clarification and/or additional instructions. Again, we request that counties track all payments made under the Miller Preliminary Injunction.

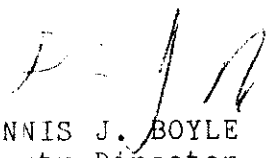
1. In ACL 91-89, we stated that for individuals to be eligible for child care under the Miller Preliminary Injunction at the time of removal from the Greater Avenues for Independence (GAIN) Program, they must have been receiving GAIN-paid child care. The definition of eligible persons has been expanded. Now included are individuals not receiving GAIN-paid child care when removed from GAIN, yet who were eligible to receive payment except that the need was being met through alternate resources. For example, a person in year-round school in the spring who was removed from GAIN when her children were in school could be eligible for Miller Preliminary Injunction benefits prospectively for the summer months while her children are on summer vacation.

Counties immediately impacted by this injunction should review all denials for child care based on non-receipt of GAIN-paid child care at the time of removal from the program, and make the appropriate adjustments for persons who need child care to continue in their approved education or training activity, provided all other eligibility requirements are met. We have also revised the M42-750D2 NOA message in order to reflect this policy clarification (see enclosed).

2. Counties shall pay child care payments in arrears for eligible individuals under the Miller Preliminary Injunction; child care advances are not allowable.
3. Counties shall pay child care registration fees to those individuals eligible for child care under the Miller Preliminary Injunction. Registration fees shall be allowable if they are within the 75th percentile ceiling limit. For determining the allowability of the fees, the registration fees will be "prorated" over the life of the fee, added to the services payment amount, and then compared to the Regional Market Rate. This is consistent with recently modified payment policy for GAIN child care registration fees which will be released in an ACL soon. These procedures reflect those set forth in Federal Action Transmittal 91-01, dated February 27, 1991. Time study and claiming instructions for child care registration fees will be provided under separate cover as soon as possible. Any questions regarding time study and claiming instructions should be directed to Cindi Carleton of the Fiscal Policy and Procedures Bureau at (916) 654-0690.
4. There may be situations where a GAIN participant chooses to move to a new county, and is unable to obtain GAIN services because the new county has closed intake to individuals in the category to which he or she belongs. Such persons would not be eligible for child care benefits under the Miller Preliminary Injunction. The Miller court order states that individuals who are "terminated from GAIN due to program reductions" are entitled to benefits. Individuals who are terminated because they move to a different county do not fall into this class.

The remaining child care NOA messages (discontinuance, change, payment within maximum and extension) are enclosed in this letter. Use the revised "Your Hearing Rights" form (TEMP Miller 50A) as the appropriate NOA back. Translations of the enclosed NOA messages will be issued as soon as available. Please add the enclosed "contact line" language to the NOA message until you receive the translated versions.

If you have any questions concerning this letter, please contact your GAIN and Employment Services Operations Analyst at (916) 654-1462.



DENNIS J. BOYLE
Deputy Director

Enclosures

cc: CWDA

MILLER V. CARLSON PRELIMINARY INJUNCTION
NOTICES OF ACTION (NOAs)

1. M42-750E (MILLER) -- Child Care Discontinuance
2. M42-750L (MILLER) -- Child Care Payment within Maximum
3. M42-750N (MILLER) -- Child Care Provider Change Approval
4. M42-750O (MILLER) -- Extension of Child Care
5. M42-750D2 (MILLER) -- Child Care Denial, Prospective

General Instructions

The NOAs that are listed are to be used solely for the Miller v. Carlson Preliminary Injunction. Use the TEMP MILLER 50A as the appropriate back for these NOAs. Please refer to ACL 9C-102 for more specific instructions in completing these NOAs.

M42-750E (MILLER) -- Child Care Discontinuance. Use to discontinue child care payments provided under the Miller Preliminary Injunction.

M42-750L (MILLER) -- Child Care Payment Within Maximum. Use to notify individuals affected by the Miller Preliminary Injunction when the amount paid for regular, approved child care is less than the amount claimed, but within the authorized maximum.

M42-750N (MILLER) -- Child Care Provider Change. Use to approve child care payments under the Miller Preliminary Injunction when the individual requests a new provider and the new provider meets regulatory approval criteria.

M42-750O (MILLER) -- Extension of Child Care. Use to extend child care payments previously approved under the Miller Preliminary Injunction.

M42-750D2 (MILLER) -- Child Care Denial, Prospective. Revised Notice of Action.

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INSTRUCTIONS:

Use to notify individuals affected by the Miller injunction when the amount paid for regular, approved child care is less than the amount claimed, but within the authorized maximum. Use also to notify these individuals when payments made to temporary providers are less than the amount claimed. This NOA is sent at the same time as the payment.

Check the first box if the amount paid to the regular provider is less than the amount claimed, but within the authorized maximum. Fill in the month of the action; include the payment amount. Check this box if amounts paid for temporary child care are less than amounts claimed, regardless of the authorized maximum for the regular provider. Even if the temporary provider charges more than the approved maximum, this is not considered a request for an increase because no change in payments or providers has been requested. "Temporary" means one calendar month or less. If regular services do not resume within one calendar month, a NOA to approve new services must be issued.

Check the second box when there is a temporary change in the method of payment for child care. "Temporary change" means one calendar month or less. Approved services must resume within one calendar month; otherwise, the appropriate NOA for the new arrangements must be issued.

Under "Here's why," when the "other" box is checked, specify the reason for the action.

Complete a separate computation for every child as needed. Repeat the formula as needed to show what is being paid.

Check the appropriate box for payment method. If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

Complete all other applicable information.

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State of California
Department of Social Services

Manual Msg. No.: M42-750N(MILLER)
Action: Approve
Reason: Child Care
Title: Approval of
Child Care Provider Change

Auto ID No. :
Flow Chart No. :
Source : MILLER

Regulation Cite: Miller v. Carlson

Form No. :
Effective Date : 11/01/91
Revision Date :
Preliminary Injunction

MESSAGE:

As of _____ until _____:

☐ The County has approved your child care payment up to \$ _____
per _____.

Here's why:

☐ You requested this change.

☐ Your child care at _____ has been paid through
_____. Payment for _____ starts after that
date.

☐ Other:

Payment for your child care at _____ is figured on this
notice.

Child(ren): _____

\$ _____ rate
x _____ ☐hours ☐days ☐weeks ☐month
= \$ _____ per month

Your child care provider is in a:

☐Licensed Family Home ☐Child care center ☐Child's home
☐Relative's home ☐Friend's home

The rate is what your child care provider charges or the most we can
pay, whichever is less. The maximum rate we can pay is lower than the
one used for GAIN child care.

Child care payments will be: ☐Paid back to you ☐Paid to your provider
☐ Other:

You can only get child care for days you are attending your approved
education or training activity: _____

State of California
Department of Social Services

Manual Msg. No.: M42-750E(MILLER)
Action : Discontinuance.
Reason: Child Care
Title: Child Care Discontinuance
Form No. :
Effective Date : 11/01/91
Revision Date :
Preliminary Injunction

Auto ID No. :
Flow Chart No. :
Source : MILLER
Regulation Cite: Miller v. Carlson

MESSAGE:

As of _____:

Payment for your child care will stop.

Here's why:

- ☐ Your child _____ is 13 or more years old, which is over the age we can pay for.
- ☐ Your child care provider is your child's parent, legal guardian, or a member of your assistance unit.
- ☐ The child care you asked for is not needed to attend your approved education or training activity: _____
- ☐ You are not taking part in your approved education or training activity.
- ☐ You did not show proof that you are taking part in your approved education or training activity.
- ☐ You are not in the same approved education or training activity that GAIN had approved.
- ☐ Other:

IF YOU THINK THIS ACTION IS WRONG, YOU CAN ASK FOR A HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW.

INSTRUCTIONS:

Use to discontinue child care payments provided under the Miller injunction. Enter the effective date of the action. Check the appropriate box and complete all other applicable information. When checking the "other" box specify the reason for the action. This NOA must be sent timely.

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State of California
Department of Social Services

Manual Msg. No.. M42-750L(MILLER)
Action : Other
Reason: Child Care
Title: Child Care Payment
Within Maximum

Auto ID No. :
Flow Chart No. :
Source : MILLER
Regulation Cite: Miller v. Carlson

Form No. :
Effective Date : 11/01/91
Revision Date :
Preliminary Injunction

MESSAGE:

☐ Your payment for child care for _____ is \$ _____. This amount is less than what you asked for. Your payment limit has not changed.

☐ The county has changed your method of payment for child care from _____ to _____. Your payment limit has not changed.

Here's why:

☐ You asked for _____ child care hours, but you only used _____ child care hours.

☐ You did not attend your approved education or training activity, _____, on all the days you asked for child care payments.

☐ You did not attend your approved education or training activity, _____, for all the hours you asked for child care payments.

☐ The county paid a temporary child care provider while your child was sick. Your regular provider does not let sick children come to day care.

☐ Other:

Payment for your child care is figured on this notice.

Child(ren): _____

\$ _____ rate
x _____ []hours []days []weeks []month
= \$ _____ per month

The rate is what your child care provider charges or the most we can pay, whichever is less. The maximum rate we can pay is lower than the one used for GAIN child care.

Child care payments are: ☐ Paid back to you ☐ Paid to your provider
☐ Other:

IF YOU THINK THIS ACTION IS WRONG, YOU CAN ASK FOR A HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW.

You must tell us before you change child care providers except in an emergency. All new child care providers must meet certain rules to get payments. If the provider does not meet these rules, we will not be able to approve and pay the new provider.

IF YOU THINK THIS ACTION IS WRONG, YOU CAN ASK FOR A HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW.

INSTRUCTIONS:

Use to approve child care payments under the Miller injunction when the individual requests a new provider and the new provider meets regulatory approval criteria.

When the individual requests or initiates the change due to an emergency, the authorization date must be effective on the date the client made the change, regardless of overlapping payments to providers.

When the individual requests or initiates the change and no emergency exists, the new provider is not approved until after payments to the prior provider have stopped.

The authorization date is the date the approval for payment to the new provider begins. Fill in this date and the end date on the "As of _____ until _____" line.

Include the maximum payment amount and time period (per hour, day, week, month).

In the "Here's why" section, second box, enter the prior authorized provider's name and last day of payment or payment period (e.g., month). Enter the name of the new provider in the next blank.

Fill in the new provider or facility name.

Complete a separate computation for every child as needed. Repeat the formula as needed to show all the rates being provided.

Check the type of care (Licensed Family Home, etc.).

Check the appropriate box for child care payment method. Check the box before the paragraph that begins "You will have to pay us back" If a two-party check is used, check the applicable box as well as the "other" box; in the "other" box, specify that it is a two-party check.

Fill in the individual's activity in the blank space after "your approved education or training activity: _____."

Complete all other applicable information.

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State of California
Department of Social Services

Manual Msg. No. M42-7500(MILLER)
Action: Approve
Reason: Child Care
Title: Extension of Child Care
Form No. :
Effective Date : 11/01/91
Revision Date :
Preliminary Injunction

Auto ID No. :
Flow Chart No. :
Source : MILLER
Regulation Cite: Miller v. Carlson

MESSAGE:

As of _____ until _____:

☐ The county has extended your child care approved from _____
until _____.

Because the extension is less than 30 days, this is the only notice you
will get telling you about the extension.

Nothing about your approved child care has changed except the date your
payment ends.

HERE'S WHY:

☐ Your approved education or training activity _____ is
continuing.

☐ Other:

IF YOU THINK THIS ACTION IS WRONG, YOU CAN ASK FOR A HEARING. "YOUR
HEARING RIGHTS" FORM TELLS YOU HOW.

INSTRUCTIONS:

Use this NOA to extend child care payments previously approved under the
Miller injunction when the approved education or training activity is
continuing and the child care arrangements are the same as those
specified in the most recent NOA. Use the M42-750L (Payment Within
Maximum) NOA for any necessary billing adjustments when you receive a
claim for the extension period

Fill in the effective extension dates in the "As of _____
until _____" line.

Check the first box to extend approved child care. Fill in the prior
authorized approval dates in the "from _____ until _____" line.

Under "Here's Why," check the appropriate box, and complete with the
name of the approved education or training activity or other reason for
the extension.

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State of California
Department of Social Services

Manual No.: M42-750D2(MILLER)
Action: Deny (Prospective)
Reason: Child Care
Title: Child Care Denial
Form No.:
Effective Date: 08/01/91
Revision Date: 11/01/91

Auto ID No.:
Flow Chart No.:
Source: MILLER
Regulation Cite: Miller v. Carlson

MESSAGE:

As of _____:

[] Payment for your child care by _____ is denied.

[] Your request for more child care payments is denied.

Here's why:

[] You are not getting cash aid.

[] You are already getting the most the County can pay.

[] The child care you asked for is not needed to attend your approved education or training activity: _____

[] Your child _____ is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments.

[] Your child _____ is 13 or more years old, which is older than we can pay for.

[] You have not provided us records that show your aided child _____, has a physical or mental condition that requires special care.

[] Your aided child _____, is not under court supervision for a behavior or legal problem.

[] The child care provider you wanted must have a license but does not have one.

[] The child care provider is not 18 years of age or older.

[] The child care provider is your child's parent, legal guardian, or a member of your assistance unit.

[] You are not taking part in your education or training activity.

[] You did not show proof that you are taking part in your education or training activity.

☐ You are not in the same education or training activity that GAIN had approved.

☐ You completed your approved activity before you were taken out of GAIN.

☐ Other:

IF YOU THINK THIS ACTION IS WRONG, YOU CAN ASK FOR A HEARING. "YOUR HEARING RIGHTS" FORM TELLS YOU HOW.

INSTRUCTIONS:

Use to deny prospective child care payments under the Miller v. Carlson court order. Enter the date the determination was made and the name of the provider or facility. Check all appropriate boxes and complete all other applicable information. When checking the "other" box, specify the reason for the action.

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